

SEMI-ANNUAL PROGRAM REPORT

December 1, 1998-May 31, 1999

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A publication of the
NGO Networks for Health Project



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I. INTRODUCTION

A. Organization

The NGO Networks for Health (*Networks*) project's second semi-annual report covers the time period December 1, 1998-May 31, 1999. The project report is organized according to:

- major work areas: our four results and three cross-cutting elements
- project management
- monitoring and evaluation
- issues affecting implementation and our approach to resolving them
- highlights of the next six months
- financial data

Reporting is organized according to the work plan, which follows the results framework. Activity discussion is organized according to the bolded headings in the revised timeline (April 30, 1999) of the work plan.

B. Highlights of the Reporting Period

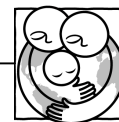
This section summarizes the key activities described in more detail in the following sections.

Key Actions Undertaken in the Second Six Months

- Finalized organizational assessment methodology and assessment tool
- Completed three Partner organizational assessments
- Held senior management retreat
- Finalized and disseminated the CARE report
- Developed project promotional materials and marketing presentations
- Participated in the International Confederation of Midwives Conference and gave a keynote address on the health rights of children
- Participated with the CORE Group in the organization of the safe motherhood workshop and initiated the White Ribbon Campaign
- Organized and held a behavior change forum
- Refined country network development strategy
- Finalized focus country selection criteria and identified short list of potentially high impact countries
- Conducted marketing and follow up visits to Malawi, Nicaragua, Turkmenistan, and Vietnam
- Developed work plans for Malawi and Turkmenistan
- Finalized process for country lead PVO selection
- Finalized criteria for selection of Network Advisory Council members
- Completed field documentation of PROCOSI and Groupe Pivot networks
- Submitted proposal to Africa Bureau to support network documentation in Africa



- Finalized monitoring and evaluation plan and developed a set of core indicators for reporting project progress



II. ACTIVITIES

A. Result One: Sustained PVO Capacity to Provide Quality FP/RH/CS/HIV Services

Result one is aimed at improving the capacity of our five PVO Partners to carry out programs in the areas of family planning, reproductive health, child survival, and HIV/AIDS (FP/RH/CS/HIV). The senior capacity building advisor, Sumana Brahman, is result one manager.

Result one includes the following intermediate results (IRs):

IR 1.1: Increased organizational commitment to use state-of-the-art FP/RH/CS/HIV programming

IR 1.2: Improved capacity of PVOs to provide state-of-the-art FP/RH/CS/HIV services

IR 1.3: Improved FP/RH/CS/HIV service delivery in PVO project areas.

Planned activities during this reporting period were mainly focused on achievement of IR 1.1 and activities under IR 1.2 were initiated. Key activity descriptions follow.

IR 1.1: Increased Organizational Commitment to Use State-of-the-Art FP/RH/CS/HIV Programming

Activity 1: Prepare for Organizational Assessments

Conduct Organizational Assessment Workshop with Partners

A two-day workshop was organized and held (January 28-29, 1999) to gather Partner input and further guide *Networks'* methodology and tool development.

Develop and Finalize Organizational Assessment Tool

Building on *Networks'* previously defined strategy for planning and conducting organizational assessments and to further advance the assessment process, the result one team worked with consultants from Pact and the Education Development Center, Inc. (EDC) to refine and shape the organizational methodology and assessment tool.

The tool itself reflects key questions relevant to the advancement of Partner agendas for FP/RH/CS/HIV programs. It also builds on results from a two-day workshop (January 28-29, 1999) to gather Partner input and further guide *Networks'* methodology and tool development.

The assessment process is tailored to meet the individual needs and priorities of each Partner to deliver FP/RH/CS/HIV information and services and examines core competency areas including staffing, organizational learning and knowledge sharing, partnering and professional outreach, and general management. The tools also allow each Partner to gather additional supportive data on technical training priorities and other basic information such as number of existing health projects and budget allocations. These data will serve as a baseline for each agency.

The main methodology involves a focus group discussion to explore the organization's capacity and commitment to the technical package. Both qualitative and quantitative data are gathered and



analyzed as part of the assessment analysis. To maintain confidentiality and to ensure frank discussion, the assessments are conducted by experienced external facilitators.

Timelines to conduct assessments were finalized with the Partners at both headquarters and field offices.

Activity 2: Carry Out Organizational Assessments

Completion of First Organizational Assessments

Networks' staff completed three organizational assessments: one with Save the Children at its headquarters; one in Pakistan with Save the Children's field staff from offices around the world who were gathered for a regional program meeting; and one with CARE at its headquarters.

Generate PVO Partner Reports

Computerized data analysis was carried out by EDC and Pact for Save the Children and CARE and individual reports on the findings were prepared. The data will be presented to key managers in each PVO who will examine their capacities and commitment to the technical package and develop a plan for building their abilities in priority areas. EDC and Pact have set up systems to facilitate this process.

Prepare for PVO Partner Debriefings

Networks designed a participatory process for conducting debriefing meetings. The debriefings will involve key program, executive, and health sector staff, as well as any others who participated in the assessment process. Partners will examine the assessment results, clarify questions, and develop a strategy for next steps to build commitment and capacity in FP/RH/CS/HIV.

Activity 3: Education and Advocacy for Organizational Change

Document CARE's Experience

The CARE report, a case study on how CARE built its organizational capacity in FP/RH, was completed and disseminated among the Partners, PVO/NGOs, USAID, cooperating agencies (CAs) and other selected international development organizations.

Develop Advocacy and Education Presentations

Networks safe motherhood/child survival advisor participated in the International Confederation of Midwives Conference in Manila, the Philippines (May 1999) and gave a keynote address titled "Health as a Child's Right." Representatives of midwifery associations and organizations worldwide attended the conference. *Networks* also exhibited at the conference—the first time ever that a PVO was represented in this capacity at an International Confederation of Midwives conference. The *Networks* display included our project banner and two *Networks* posters depicting Partner field activities. A video portraying our Partners' fieldwork ran continuously throughout the conference. We also distributed information packets, which included the project brochure, fact sheets, and Partner descriptions along with key documents from each organization and country field office contact information. Names and addresses of recipients of our materials were collected and later added to the *Networks'* database for future reference and materials dissemination. There was a high level of cooperation and assistance provided by the Partners at their headquarters and field offices in



Manila throughout the planning, preparation, and execution of *Networks* participation in this high profile conference.

During the safe motherhood workshop (May 3-5, 1999), members of the CORE Group, including its co-chair, *Networks*' safe motherhood/child survival advisor, created and launched the White Ribbon Campaign to raise awareness about the 600,000 avoidable maternal deaths around the world each year. The White Ribbon Campaign was launched at a press conference on Capitol Hill and marked by the distribution of white ribbons (in the shape of the well-recognized AIDS ribbon) to selected US senators. The campaign was also introduced at the Global Health Council's Annual Conference where fact sheets and white ribbons were distributed to participants.

The CORE Safe Motherhood/Reproductive Health Working Group and others attending the safe motherhood workshop plan a follow up meeting (July 1999) for other interested PVOs, CAs, national and international organizations and agencies to plan next steps for the White Ribbon Campaign.

Develop Advocacy and Education Guides

The advancement of this activity will occur when the new development education position is filled.

Promote *Networks* among Partners

Networks continues to be proactive in promoting the project among our Partners. A revised presentation to ADRA headquarters' staff early in this reporting period completed the Partner orientation to the *Networks* project. Ongoing communication takes place between *Networks* and the Partners at many levels such as through the Managers Working Group (MWG), the Network Partnership Council (NPC), Technical Advisory Groups, in organizational assessment meetings, workshops, and field visits.

A Spanish translation of the *Networks* slide presentation was completed and presented to our Partners and USAID mission staff in Nicaragua in May 1999 in response to the mission's request to involve *Networks* in Hurricane Mitch-affected areas. The presentation fostered field Partner interest in the project, which built on USAID/Nicaragua's interest in working with *Networks* to provide assistance to communities.

Slide and power point presentations will continue to evolve and be adapted to the specific information needs of our Partners in focus and other country settings.

Networks' promotional/marketing materials were produced during this reporting period and are described under section E. Cross Cutting Issues. Packages of these informational materials were provided to the Partners and distributed at meetings, workshops, conferences, and other occasions to inform and educate our Partners, CAs, and other PVOs and private/public agencies.

Senior Management Retreat

A senior management retreat was organized and held (December 10-11, 1999) in Chantilly, Virginia. The objectives of the retreat were for our Partners to:

- become better acquainted with each other and Partner missions
- improve understanding of donor trends and interest in NGO efforts to expand reproductive health services and to share objectives for programming match funding toward *Networks*' objectives



- define leadership requirements needed to achieve Partner collaboration
- review, discuss, and validate the planned activities for collective public education efforts
- advance understanding of planned capacity building in FP/RH/CS/HIV programming

A retreat report was produced and disseminated (April 1999) among our Partners and USAID.

Regional Seminar

Planning for a regional seminar has been delayed to await the arrival of the new regional technical advisor for Asia (September 1999) who is seen as a key figure in coordinating this activity. The MWG continues to provide a forum where our Partners share information about key events such as regional technical workshops and widening participation.

IR 1.2: Improved Capacity of PVOs to Provide State-of-the-Art FP/RH/CS/HIV Services

Activity 1: Capacity Building of PVOs

As co-chair of the CORE Safe Motherhood/Reproductive Health Working Group, *Networks'* safe motherhood/child survival advisor played a key role in the organization and implementation of a three-day safe motherhood workshop (May 3-5, 1999). The workshop, "Effective Strategies to Promote Quality Maternal and Newborn Care," was held jointly with CAREMoRR to update technical knowledge and share innovative, effective field programming. Held in Washington, DC, it was attended by representatives from PVOs, CAs, and USAID, who came together to learn about best current beliefs and practices in antenatal care, community and emergency obstetric care, and post-partum and newborn care. The objectives of the workshop were:

- to enhance understanding among PVO headquarters and field personnel of the causes of maternal and newborn mortality and morbidity
- to enhance understanding among PVO headquarters and field personnel of the effectiveness of various program interventions to address these complex problems
- to increase knowledge of workshop participants of others' experiences addressing the comprehensive package of reproductive health interventions required to save mothers' and newborns' lives, and
- to design effective maternal and newborn health interventions through the analysis of case studies done in small groups

The workshop agenda was organized to effectively address the above objectives. It included presentations and discussion about current maternal and newborn care, topics related to pre-natal care (i.e. screening programs, treatment of malaria and tetanus, maternal anemia, and vitamin A supplementation), information about community and emergency obstetric care (i.e. traditional birth attendant roles, community partnerships, home-based lifesaving skills, components of basic/comprehensive emergency obstetric care, clean birth kits, innovative PVO programs, and strengthening referral systems), and the latest developments in post-partum and newborn care (i.e. essential newborn care, timing and content of post-partum visits, couple communications, HIV/AIDS, and community mobilization).

The workshop report will be available early in the next reporting period.



A preliminary survey was also conducted by *Networks* staff to identify topics for future seminars, technical updates, and opportunities for technical collaboration with the CORE Group. The survey results are currently being compiled and will be analyzed and shared with the *Networks* team and the CORE Group members for future planning purposes.

B. Result Two: Accurate Knowledge and Sustained Behavior Change at the Community Level

Result two focuses on strengthening PVO and NGO capacity to design and implement more effective behavior change interventions (BCIs) in reproductive health. The behavior change/communications advisor, Premila Bartlett, is result two manager.

Result two includes the following intermediate results:

IR 2.1: Increased PVO/NGO capacity to integrate BCIs into FP/RH/CS/HIV programs; and
IR 2.2: Increased implementation of effective BCI strategies.

Planned activities during this period concentrated on the achievement of IR 2.1.

IR 2.1: Increased PVO/NGO Capacity to Integrate BCI into FP/RH/CS/HIV Programs

Activity 1: Establish a Behavior Change Intervention Technical Advisory Group

Prospective members of the Behavior Change Intervention Technical Advisory Group were identified during the BCI forum. The formalization of the advisory group is awaiting the final draft, review, and approval of the BCI technical approach and strategic framework by the Partners.

Activity 2: Develop Behavior Change Intervention Technical Approach and Strategic Framework

In light of *Networks*' commitment to collaboration and to maximize the participatory process, a behavior change intervention forum was planned, organized, and held in Washington, DC, (April 4-5, 1999) to provide input and guidance to the development of *Networks* BCI technical approach. The forum, "The Challenge: Rethinking Behavior Change Interventions in Health," was designed to achieve the following specific objectives:

- to establish a forum for dialogue and critical thinking about current approaches to behavior change and
- to recommend a behavior change intervention approach that results in sustained behavior change, which *Networks* should adopt and promote.

Recognized behavior change experts and resource persons joined key *Networks* staff, representatives from our Partners, other PVOs, CAs, universities, and the private sector for a stimulating exchange on current behavior change concepts and thinking. Presentation topics included: The Challenge of Behavior Change, Behavior Change Theories, Health and Culture: Beyond the Western Paradigm, Bridging the KAP GAP, Whose Knowledge Counts?, Advocacy, Empowerment and Behavior Change, Community Mobilization, Client Provider Interactions, Mass Media, and Evaluation of Behavior Change Interventions. An important outcome of the workshop was a comprehensive list of suggested recommendations for *Networks* BCI technical approach. The proceedings and recommendations from the BCI forum are being finalized and will be distributed to participants,



USAID, and other target audiences during the next reporting period. The *Networks* BCI technical approach is in final draft and will also be circulated for review in the next reporting period.

Detailed BCI strategies and plans will be developed in the context of individual country-level planning.

Activity 3: Prioritize Key Technically Sound Health Behaviors

The prioritization of key, technically sound health behaviors evolved into the development of a comprehensive compendium of best and promising practices in FP/RH/CS/HIV, which is described under result three.

C. Result Three: Expanded, Sustained PVO/NGO Networks to Provide FP/RH/CS/HIV Service Delivery

Result three is designed to achieve greater access, information coverage, and quality of FP/RH/CS/HIV services through a broad-based network of current and potential providers at the country level. The HIV/STI advisor, Mike Negerie, is result three manager. Result three includes the following IRs:

- IR 3.1: Increased PVO/NGO commitment to improve quality and availability of FP/RH/CS/HIV services and information, through created/strengthened networks
- IR 3.2. Increased capacity of networks to provide improved coverage and quality of services
- IR 3.3. Improved FP/RH/CS/HIV services through networks

Planned activities during this period continue to be primarily directed at achievement of IR 3.1.

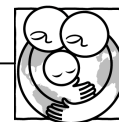
IR 3.1: Increased PVO/NGO Commitment to Improve Quality and Availability of FP/RH/CS/HIV Services and Information, through Created/Strengthened Networks

Activity 1: Prepare for Country Assessments

Recognizing that each focus country presents a unique situation, *Networks*' approach to country networks development is guided by the basic principles of openness, flexibility, inclusiveness, and sensitivity to local culture and conditions. We are guided by a highly participatory process designed to instill ownership and encourage collaboration. The first phase of the process involves an initial country assessment followed by a series of joint planning workshops among the Partners and key *Networks* staff. The outcomes of these initial meetings include the selection of the lead PVO, agreement on project activities to be undertaken and a detailed scope of work. The second phase of the process begins with an approved scope of work. A stakeholder workshop is also conducted, which is designed to address a range of topical areas such as grants, technical assistance, and training, and information sharing. This workshop also provides a critical opportunity to build on common understanding and vision, and lays the groundwork for strategic planning by the network. Participants in the stakeholder workshop include the Partners, USAID, NGOs, government, and other public and private groups that are identified as potential players.

Consultant Roster

The consultant roster of reproductive health experts with country assessment experience was expanded during this reporting period and will continue to grow as consultants are identified.



Review Assessment Tool and Establish Baseline Indicators

Various assessment tools were gathered and reviewed, and baseline indicators are addressed in *Networks'* Monitoring and Evaluation (M&E) Plan.

Activity 2: Compile Best and Promising Practices in FP/RH/CS/HIV

A scope of work was developed for a consultant to research, identify, and compile an annotated bibliography of best and promising practices in FP/RH/CS/HIV and BCI. The consultant was identified and hired (May 1999), and the first draft of the document is scheduled to be completed in June 1999, at which time it will be reviewed by the *Networks* team for content and scope. It is intended that this will be developed as a compendium to be added to over the course of the project as new best and promising practices are identified, reviewed, and selected for inclusion.

Activity 3: Solidify Initial Focus Countries and Identify Additional Opportunities

Focus Countries Identified by Mission Interest and Funding

Early expressions of missions' interest resulted in exploratory visits to Malawi, Turkmenistan, and Vietnam. Additionally, the USAID mission in Nicaragua expressed interest in involving *Networks* as a vehicle for providing sub-grants in Hurricane Mitch-affected areas, which also led to exploratory visits with the mission and Partner field offices.

Finalize Focus Country Criteria

The following list of criteria for selecting focus countries, which was developed during the proposal stage, was refined and approved by the Partners:

- Shared programmatic and interest by USAID mission and PVO Partners
- Documented unmet need for FP/RH/CS/HIV services and information
- USAID mission support for an expanded role for PVOs and NGOs in enhancing the quality, availability, and use of reproductive health services
- Favorable host country environment for PVOs and NGOs
- Potential for establishing and or strengthening indigenous NGOs' networks that could reach substantial portions of the population
- Interest in collaboration within the local NGO community
- Presence of at least three of the five PVO Partners whose field directors support the initiative and have health programs
- Support from other bilateral or multilateral mechanisms for PVO/NGO activities
- Presence of CAs that can support program implementation

Identify Potentially High Impact Countries

Through a participatory process involving the MWG, each Partner contributed to a list of countries compiled by the project, which was in turn further refined to a short list of potentially high impact countries. The suggested list of countries upon which to focus marketing include Egypt, Ethiopia, Honduras, India, and Indonesia.

Marketing Site Visits

Marketing visits were conducted to Malawi, Nicaragua, Turkmenistan, and Vietnam during this reporting period.



Selection of Lead PVO

The lead PVO was selected in Malawi and Turkmenistan through a participatory process among the Partners. The identification of the lead PVO in Nicaragua and Vietnam is currently in progress.

Identify Networks Coordinator

Networks' coordinators for focus countries are:

Mike Negerie—Malawi
Sumana Brahman—Nicaragua
Theresa Shaver—Vietnam
Ruth Hope—Turkmenistan

Activity 4: Collect/Document Network Experiences and Prepare for Global Conference

A scope of work was developed and a consultant identified and hired (February 24, 1999) who developed an initial list of criteria to be used in the identification and selection of NGO networks for future documentation activities.

Develop Network Advisory Council Guidelines

A draft of the operational guidelines for the Network Advisory Council was completed.

Form Network Advisory Council

Criteria for the selection of the members of the Network Advisory Council (NAC) were developed and an initial list of prospective members is being compiled.

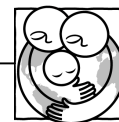
Compile/document Network Experiences

PROCOSI

During this reporting period the first draft of the PROCOSI document was reviewed, which led to the identification of additional information requirements in order to provide a fuller description of the network and to evaluate its impact on health. Subsequently, a scope of work was developed for another consultant to gather and analyze data measuring PROCOSI's coverage, impact, and services integration. The consultant was identified and hired; planning and briefing meetings were conducted with *Networks* staff and other key players in North Carolina and Bolivia. This phase of the research and analysis is underway, and the findings will be incorporated with the first report into a final document.

Groupe Pivot

The documentation of the Groupe Pivot NGO network in Mali was initiated and conducted during this reporting period. A scope of work was finalized and three consultants identified and hired to conduct the work: a demographer, a public health specialist, and an institutional development specialist. To ensure understanding, buy-in, and cooperation throughout the documentation process among all the stakeholders, a team planning meeting and other orientation meetings were held. At the conclusion of the work, the three consultants presented their report to *Networks* staff (May 1999) to obtain comment and feedback. Issues and questions raised at that presentation are being addressed and will be reflected in the final report. In addition, more detailed demographic data and information



on the gender dimension of the network will be added to the final document. This work will commence in the next reporting period.

Other Documentation

The Africa Bureau expressed interest in supporting *Networks* in documenting the impact of African networks on women's empowerment. Meetings were held during this reporting period to explore this opportunity to collaborate with the Africa Bureau and expand our reach into the region. Local networks were identified as potential case studies for this initiative in Mali (Groupe Pivot), Kenya (Kenya Association for the Promotion of Adolescent Health), and in Nigeria (a group of women's NGO networks). A proposal to document the impact on women of these networks was written and submitted to the Africa Bureau (April 1999). This documentation process will also assist *Networks* to develop gender analysis guidelines for inclusion in all future documentation activities and ensure the incorporation and integration of gender into *Networks* activities.

Prepare for the Global Conference on Networks

In preparation for the global conference on networks, a consultant was hired and plans are underway for a conference planning workshop, which is timed to follow the Global Health Conference's annual conference in June 2000.

Activity 5. Country Network Development

Finalize Process for Designating Lead PVO

To guide the process for the selection of a country lead PVO, the following set of criteria, developed by the Partners at the proposal stage, was refined and approved by the Partners:

- Credibility with USAID mission
- Nature and scope of presence in country/region
- Partner interest in being the lead PVO
- Nature and extent of relationship with other Partners
- Capacity/experience with subgrant management
- Strategic plan (or equivalent) and stable, funded portfolio indicating long-term country commitment
- Equity in lead PVO designation

The process of selection of a country lead PVO begins during the initial exploratory visit and agreement is reached through subsequent meetings with the Partners and *Networks* staff.

Activity 6: Focus Country Activities

Malawi

Networks conducted two visits during this reporting period. An initial design mission was conducted (February 1999) to present the *Networks* project to the USAID mission and Partners. A work plan was subsequently developed and submitted to the mission for review. A second visit (April 1999) was conducted to clarify mission questions, facilitate the lead PVO identification, and carry out detailed project planning with Partners and the mission. A new scope of work was submitted (May 1999) with work targeted to begin (June 1999) pending mission approval.



Nicaragua

Networks conducted an initial visit (May 1999) and met with the USAID mission and Partners to explore assistance to Hurricane Mitch-affected areas through a *Networks* activity.

Turkmenistan

Networks staff traveled on an exploratory design mission in February 1999. A work plan was developed, submitted to the mission (March 1999), and subsequently approved by USAID's regional office in Almaty and the mission (April 1999).

Vietnam

The *Networks* team conducted an initial exploratory visit in January 1999 and met with the Partners, the ministry of health, and other local and international agencies to present the *Networks* project, assess country needs, and lay the ground work for collaboration. PATH agreed to take the lead in coordinating follow-up meetings with the other in-country Partners.

Country work plans were developed for Malawi and Turkmenistan.

Activity 7: Develop Monitoring and Evaluation Plan for Each County

Abbreviated M&E plans were developed for inclusion in the scopes of work for Malawi, Turkmenistan, and Vietnam.

D. Result Four: Expanded Service Coverage through Public/Private and Private/Private Partnerships

Result four is designed to expand reproductive health service coverage through cross-sectoral (public/private and private/private) partnerships. Results three and four are closely linked since they involve elements of building networks in the focus countries, and the parameters for result four grow out of the country assessments undertaken in result three. The country assessments planned during the next six months will help map the roles of the public sector and the commercial private sector and will identify promising opportunities for expanding cross-sectoral partnerships. Intermediate results include:

IR 4.1: Increased public/private commitment to provide FP/RH/CS/HIV information and services through partnerships.

IR 4.2: Increased formalization of public/private and private/private partnerships.

IR 4.3: Improved service delivery through public/private and private/private partnerships.

No activities pertaining to result four were conducted during this reporting period.

E. Cross-Cutting Issues

E1. Global Agenda

A power point presentation and project marketing materials were developed for use in communicating to G/PHN and the PVO Partners about *Networks* and the capacity of the project to impact the provision of quality health information and services.



Technical Leadership

Networks has exercised technical leadership through its organization of the behavior change forum (April 1999), and the safe motherhood workshop (May 1999).

Technical and program informational materials are being identified, reviewed, and selected for inclusion in the annotated bibliography of best and promising FP/RH/CS/HIV resources that will be distributed to our current and future partners in the field.

Innovation/New Initiatives

Networks played a key role in launching a global campaign to address safe motherhood and raise awareness about maternal mortality through the White Ribbon Campaign.

A collaborative planning process for the development of country activities was initiated among the Partners in Malawi, Nicaragua, Turkmenistan, and Vietnam.

Research

Research is underway to investigate the impact of the Groupe Pivot network in Mali on health care service delivery.

E2. Operations Research

Activity 1: Ongoing Discussions with PVOs to Identify Operations Research Issues and Strategies

A series of informal meetings were held with the *Networks*' team and members of the PVO and CA communities such as the MEASURE project, Horizons, BASICS, and MotherCare to initiate discussion on operations research (OR) issues that *Networks* could undertake alone or in association with others groups.

Activity 2: Begin to Develop Operations Research Agenda (Topics and Strategies)

Based on the discussions with PVOs and CAs, a prospective list of OR activities was identified and will be further refined as the project moves forward with programs in the field. Examples of prospective areas for OR include:

- Development of indicators for monitoring exclusive breast feeding
- Investigation of interventions that promote successful birth spacing consistent with MACRO's research findings
- Investigate counseling techniques used with individuals and families with HIV infection.

E3. Documentation and Dissemination

Early in the second reporting period it became apparent that the promotional and marketing needs of the project, combined with its extensive documentation and dissemination (D&D) agenda, required the separation of those responsibilities from the behavior change/communication position.

Subsequently, a new position was created that combined external communication and D&D. PATH was assigned this position and began the recruitment process. In the interim, a consultant was hired to coordinate the development of the Year Two Work Plan and move forward on other



communication and D&D activities. It is anticipated that the newly created position will be filled early in the next reporting period.

Activity 1: Develop Project Materials

Project information materials including a brochure, fact sheets, Partner descriptions, project diagram, team biographies, and a promotional folder were produced (May 1999) and have been distributed widely to our Partners, CAs, and other members of the development community. Other *Networks*' promotional materials were designed and produced for use at conferences and workshops and include a *Networks* poster depicting Partner field work and logos, a project banner, and a conference exhibit unit. The *Networks* slide show was revised and also converted into a Power Point presentation for more effective marketing and ease of future adaptation for different audiences. A Spanish translation of the presentation was also completed during this reporting period and plans are under way to translate other materials into Spanish.

Networks exhibited at two international health conferences, the Global Health Conference in Washington, DC, and the International Confederation of Midwives Conference in Manila, Philippines. We distributed project and Partner materials at these conferences.

Networks web site is currently under construction by a web designer and will be launched in the next reporting period. The site will be managed under contract by an external service provider and updated regularly by *Networks* staff. The site will be linked to USAID's home page and our Partners' web sites.

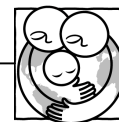
Activity 2: Develop Documentation and Dissemination Strategy

The development of the D&D strategy and documentation guidelines for the staff and consultants has been delayed until the arrival of the new communications advisor for the project. The D&D resource materials that have already been assembled from our Partners and other organizations will inform the guidelines and strategy. Additionally, *Networks* dissemination activities will benefit from the broad networks and distribution channels that exist within our Partners and other collaborating organizations and projects such as ENABLE and CAREMoRR.

Activity 3: Assist with Documentation Requirements

During this reporting period, the CARE report was documented and disseminated to a wide audience. Additionally, two health networks, PROCOSI in Bolivia and Groupe Pivot in Mali, were documented. The *Networks* M&E plan was produced and distributed to a targeted list of recipients, and the senior management retreat report was also finalized and shared with participants.

The mailing list database was expanded and continues to grow with the addition of new contacts and mailing lists acquired from selected sources. A materials distribution tracking system was developed and will become operational in June 1999.



III. PROJECT MANAGEMENT

A. Work Planning

Within the *Networks* project, the work that takes place under each technical area is to be guided by a written strategy. Using a consultative and participatory approach, strategies for reproductive health and HIV/AIDS are in the process of development. The M&E plan was completed and a formal presentation was made at USAID/Washington in May 1999.

Activity 1. Obtain Approval of Work Plan

Revisions to the timeline for Year One activities were completed and submitted on April 30, 1999.

Activity 2. End of Year Review and Development of the Second Year Work Plan

In preparation for the development of the Year Two Work Plan, a staff review of our implementation experience during this and the previous reporting period identified the need for several additional positions, which are described below.

Program Operations Manager

This position will assist the director in day-to-day management, oversight, and problem solving; and will work closely with the staff to ensure quality program planning and implementation of our results areas both at headquarters and in the field.

Capacity Building Specialist

This position will support the senior capacity building advisor in achieving result one objectives and will also work with the team on capacity building and organizational development initiatives.

Monitoring and Evaluation Specialist

This position will assist the senior monitoring and evaluation advisor in monitoring and evaluating field activities, provide assistance in the field as needed, design and maintain databases, and conduct data analysis.

Partnership Advisor

This position will advance our work in public/private and private/private partnership building, particularly at the country levels with government and commercial sectors.

Development Education Specialist

This position replaces the part-time advocacy advisor with a full-time replacement who will continue with *Networks* development education activities.

B. Start-Up Actions

Activity 1: Finalize Staffing, Job Descriptions, and Organization Chart

Staffing up of the project continued during this reporting period with the inclusion of the following personnel:



Dr. Ruth Hope, Senior Reproductive Health Advisor, joined the *Networks*' team (January 1999) and assumed leadership of the technical team in Washington in March.

A position description was prepared and recruitment began for the newly created communications advisor position. A candidate, Rita Feinberg, has been identified who has also been working as a consultant to *Networks*, and we anticipate her officially joining the team in June 1999.

Two Program Associates, Ina Gantcheva and Manjiri Sonawane, joined the team in May 1999 and provide program support to the technical team.

A receptionist, Anita Braxton, joined *Networks* in April 1999.

Activity 2: Complete Office Set-Up

During this reporting period additional computers, furniture, phones, and equipment were procured that provide for new staff and expanding project needs.

Activity 3: Policies and Procedures Manual

Networks continues to utilize Partner policies when applicable and issues policy directives when necessary.

C. Consortium Governance and Cooperating Agency Relations

Activity 1: Cooperating Agency Meetings

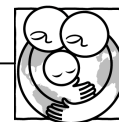
Networks staff has continued to strengthen relationships with members of the CA community and to identify collaborative opportunities that build on existing work and accomplishments that contribute to *Networks* technical areas. We worked collaboratively with the CORE Group and CAREMoRR in designing and conducting the safe motherhood workshop (May 3-5, 1999), which brought together participants from BASICS, LINKAGES, Project Concern International, The Manoff Group, CEDPA, MACRO International, Inc., Maternal Neonatal Program, Johns Hopkins University, The MotherCare Project, American College of Nurse-Midwives/PRIME, CDC and UNFPA, as well as our Partners.

The *Networks* behavior change intervention forum (April 7-8, 1999) similarly brought together representatives from our Partners, CAs, universities, and the private sector in a collaborative effort to explore current BCI thinking and guide the development of our BCI technical approach. The workshop provided an important opportunity to share knowledge and experience, and also laid the groundwork for future collaboration among these organizations.

During this reporting period, the monitoring and evaluation advisor convened an M&E meeting with the CAs: BASICS, MEASURE, MACRO, MotherCare, and others to get buy-in and agreement on *Networks* M&E Plan, which also contributed to the strengthening of our relationships with these organizations.

Activity 2: Networks Partnership Council Meetings

The NPC met four times during this reporting period to discuss policy and strategic matters. These meetings were held at the following Partner offices: ADRA (January 28, 1999), PATH (February 12,



1999), CARE (March 8, 1999), and ADRA (April 13, 1999). On April 14, 1999, a joint meeting of the NPC, MWG, and *Networks*' staff was held at ADRA.

The MWG communicates bi-monthly by teleconference and provides input and guidance on a wide range of day-to-day operational issues. The MWG also reviews and comments on project documents such as work plans, scopes of work, workshop and meeting agendas, and reports. An all day formal meeting of the MWG was held on April 12, 1999.

In addition to the regularly scheduled NPC and MWG meetings and teleconferences, USAID joined *Networks* senior management on Partner headquarters visits to ADRA (December 8, 1999), Save the Children (March 24, 1999), and CARE (May 5, 1999). A meeting was also held in CARE's DC office on February 14, 1999. We will continue to convene Partner meetings as we pursue development of the partnership.

Activity 3: Attendance at Professional Meetings

Networks staff have attended various professional meetings throughout this reporting period such as the International Confederation of Midwives Conference in Manila and numerous PVO and CA meetings and briefings in Washington, DC that were relevant to *Networks* technical service areas.

Through regularly held meetings with the other two members of the *Networks* results package, CARE (CAREMoRR) and CEDPA ENABLE, we have successfully coordinated and collaborated on country activities, documentation and dissemination, operations research, and a range of other project related activities. CAREMoRR, ENABLE, and *Networks* played key roles in organizing the successful safe motherhood workshop, "Effective Strategies to Promote Quality Maternal and Newborn Care" (May 3-5, 1999). Together and with other members of the CORE Group and CAs, we launched the White Ribbon Campaign to raise awareness about maternal mortality. A workshop is currently being planning for August 1999 to introduce the campaign to a wider national and international audience. The goals of the workshop will be to identify roles and activities for the coming year.



IV. MONITORING AND EVALUATION

Activity 1: Monitoring and Evaluation Planning

The *Networks* M&E plan was completed and approved during this reporting period. The document reflects a fully collaborative process among our Partners, CAs, and other collaborating organizations who were consulted during the various stages of the plan's development to provide input and to ensure its technical and programmatic usefulness in meeting the M&E needs and requirements of the project. A formal presentation of the approved plan was made to USAID staff and other interested parties in May, 1999.

Activity 2: Indicators

A set of core indicators for reporting project progress to USAID was developed. Additionally, to assist project management, a set of priority and untested indicators were identified. The senior monitoring and evaluation advisor organized a series of individual technical consultations with our Partners, CAs, USAID, and CORE Group members and worked closely with the *Networks* team to obtain input and concurrence on the core and priority indicators.

Activity 3: Monitoring and Evaluation Tool Set for Focus Country Use

The first draft of a curriculum for training focus country network participants to carry out baseline assessments was prepared and Lot Quality Assurance Sampling (LQAS) tables were developed to identify the minimal sample size required for program monitoring. Additionally, a curriculum for training sub-district level health workers in questionnaire development, community sampling, data collection methods, interview methods, and LQAS methods was developed. Preparations are presently underway to field test the LQAS as a rapid method of assessing the quality of routine primary health care activities in integrated FP/RH/CS programs in two districts of Nepal. This exercise is planned for June 1999, and is being coordinated through the field office of our Partner, Plan International.

Activity 4: Reporting Function

Input was provided to the semi-annual reporting process.



V. ISSUES AFFECTING IMPLEMENTATION

Issues that impact project implementation along with strategies for addressing them are presented in this section of the report.

Working in Partnership and Teams

Considerable time is required to develop an effective team and build strong Partner relationships in which all parties participate and are involved meaningfully in planning and decision making.

Scheduling conflicts, travel schedules, and other team and Partner commitments and priorities challenge response and turn-around time for products and activities. Tasks, that initially appeared doable within a given timeframe, end up requiring substantially more time and energy to accomplish.

To address these issues, we are learning to become more process oriented while advancing toward our goals. In this respect, we are increasingly more attentive to the need for additional forward planning and build time into activity schedules to allow for advance notice and multiple occasions to interact to ensure timely and active participation from Partners, CAs, and other collaborating organizations. Where possible, we are combining and linking events instead of creating a separate space for them to occur.

Full Complement of Staff

As mentioned earlier in this report, with the progress of *Networks* activities, we are becoming better acquainted with the needs of the project. Additional positions have been identified as essential to advance *Networks*' results package. These new positions are discussed in more detail under the staffing section of this report

Sequencing Country Level Planning and Implementation

Earlier than planned country activities continued to present challenges as staff worked simultaneously to establish individual and collective Partner relationships and communication protocols; developed methodologies and tools to assess Partner technical capacities in FP/RH/CS/HIV, researched and adapted approaches for field level technical assistance, and addressed a variety of project headquarter and field start-up issues and activities.

To manage this situation while being responsive to expressions of mission interest, we coordinated with our Partners and G/PHN and developed a marketing strategy and criteria and procedures for the lead PVO Partner designation.



VI. HIGHLIGHTS OF NEXT SIX MONTHS

The following highlights refer to the period June 1, 1999-December 31, 1999

A. Activities

A1. Result One: Sustained PVO Capacity to Provide Quality FP/RH/CS/HIV Services

- Finalize remaining Partners' organizational assessments (headquarters and field)
- Plan and conduct individual organizational assessment debriefing with Partners and prepare written reports
- Design and hold a two-day assets-mapping workshop for Partners
- Develop a capacity-building strategy and plan for Partners' headquarters, regional, and field offices
- Plan and design two technical updates for Partners, one most likely on HIV/STI, in conjunction with CAREMoRR
- Plan two cross-visits among Partner field offices
- Begin planning a "best practices" regional workshop
- Formally launch the White Ribbon Campaign at an organizing workshop in August 1999
- Facilitate the development of a White Ribbon Campaign working group of the CORE Group
- Participate in organizing one-three key events during the first year of the White Ribbon Campaign

A2. Result Two: Accurate Knowledge and Sustained Behavior Change at the Community Level

- Participate in ongoing meetings to develop a common set of tools/manuals to guide PVOs towards evidence-based models of safe motherhood practices
- Finalize, publish, and disseminate the workshop report, "Effective Strategies to Promote Quality Maternal and Newborn Care"
- Provide input into the report of the International Confederation of Midwives Conference
- Finalize, publish, and disseminate the proceedings from the behavior change interventions in health forum
- Finalize a BCI technical approach for *Networks*
- Establish a BCI working group with representatives from our Partners, *Networks* staff, and colleagues from the Change Project to review and reflect on behavior change approaches.
- Research, identify, and compile a list of technically sound health behaviors in close coordination with the compilation of the compendium of best and promising practices in FP/RH/CS/HIV
- Assess BCI and community mobilization technical assistance needs of Partners at headquarters, regionally, and in the field

A3. Result Three: Expanded, Sustained PVO/NGO Networks to Provide FP/RH/CS/HIV Service Delivery

- Continue country network strategic development activities in consultation with the Network Advisory Council
- Organize and conduct stakeholder workshops in Malawi, Nicaragua, and Vietnam



- Share and promote NGO network development documents with Partners
- Supplement compendium of best and promising practices with additional resources identified by *Networks* staff in their individual areas of expertise
- Hire consultant to integrate staff supplements into compendium and to edit entire document in preparation for final review, publication, and dissemination
- Facilitate process of lead PVO Partner designation in Malawi, Nicaragua, and Vietnam
- Negotiate country agreement between Partners (headquarters and field) and USAID in Malawi, Nicaragua, and Vietnam
- Facilitate development of work plan with field Partners in Malawi, Nicaragua, and Vietnam
- Develop baseline survey methodology and performance monitoring systems for Malawi, Nicaragua, and Vietnam programs in collaboration with field Partners

A4. Result Four: Expanded Service Coverage through Public/Private and Private/Private Partnerships.

Networks staff will develop a scope of work for a short-term technical assistant partnership expert and identify and hire the technical assistant. The team will work with the partnership expert to gather and review information on cross-sectoral partnership and disseminate information on cross-sectoral partnership models to our Partners in the field.

B. Cross-Cutting Issues

B1. Global Agenda

Technical Leadership

Technical leadership will be exercised through such activities as the organization of assets mapping workshop and a sexuality workshop.

Innovation/New Initiatives

Technical standards and tools will be further refined in the areas of organizational assessments, behavior change intervention, network development, best practice culling, and monitoring and evaluation.

Research

Research will be initiated in Mali, Kenya, and Nigeria to assess the impact of health networks on women's empowerment. The findings and experiences from these documentation activities will contribute to the pool of knowledge being accumulated by *Networks* and build on our own and the broader community's understanding of collaboration. The results of this research will be shared through a variety of media and channels.

B2. Documentation and Dissemination

- The first draft of *Networks*' documentation and dissemination guidelines and strategy will be completed and distributed for review and comment
- *Networks*' web site will be launched



- Design and produce post card announcing web site launch and mail to Partners, CAs, and other target audiences
- Establish resource center for the project
- Edit and publish the safe motherhood workshop report, the behavior change intervention for health forum report, the gender indicators workshop report, PROCOSI network case study, and the Compendium of Best and Promising Practices in FP/RH/CS/HIV
- Disseminate reports, case study, and compendium to Partner headquarters and field offices, CAs, and other target audiences.
- Ongoing updating of *Networks*' mailing database and identification of distribution channels
- Establish documentation and dissemination working group of Partner and CA specialists.

B3. Operations Research

An initial list of OR activities will be compiled in close collaboration with *Networks* team, Partners, and CAs.

B4. Project Management

Work Planning

Key activities in the next six months will be the semi-annual review in November 1999 and associated updates.

Staffing, Position Descriptions, and Organizational Chart

New staff position descriptions will be finalized and provided to Partners to begin recruitment. The organizational chart including newly identified staff positions has been updated.

Team Building

Team building is an ongoing process and will continue internally through both regularly planned and informal meetings among staff and with Partners. The services of the Training Resources Group will also be utilized.

Office Set-Up

Based on increased levels of *Networks*' staffing, office space needs will be reassessed and plans undertaken to accommodate the expansion. Additional computer equipment and office furniture will be acquired to meet growing staff needs.

Policies and Procedures Manual

Networks will continue to develop policies and procedures appropriate to the partnership.

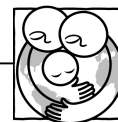
Consortium Governance and Cooperating Agency Coordination

The NPC, MWG, and results package meetings will continue, as will our collaboration with CAs as we get further into the substance of our work. The *Networks* team will continue to attend selected professional meetings. Promotion of the project will continue among our Partners, increasingly at the country level.



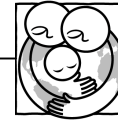
B5. Monitoring and Evaluation

- During the next six months, the review of the M&E systems among the Partners will be completed.
- A technical report on rapid assessment systems will be written
- A monitoring and evaluation specialist will be hired to assist the senior monitoring and evaluation advisor
- Baseline surveys and needs assessments will be planned and carried out in Nicaragua and Vietnam



VII. FINANCIAL REPORT

CORE FUNDING EXPENDITURES	
G/PN CORE	EXPENDITURES 3/5/98—5/31/99
New Initiatives/ Innovation	
A. Project Design	\$286,000
B. Developing and Diffusing Standards & Tools	430,000
i. Organizational Assessment	
ii. Behavior Change	
iii. Country Level Planning	
iv. Best Practices Culling	
Total	716,000
Technical Leadership	
A. Partnering	172,000
B. Maternal Health	0
C. Integration	0
D. Organizational Change	172,000
E. Community Mobilization and Other Participatory Approaches	0
F. Monitoring and Evaluation	0
G. Networking	345,000
Total	689,000
Research	827,000
Grand Total	\$2,232,000



Summary Budget March 1998- November 1999

	Total	Expenditures	Budget	Budget	Budget	Budget	Budget	Budget	Projected	Estimated
	Budgeted	March 5, 1998	JUNE	JULY	AUG	SEPT	OCT	NOV	Expenditures	Expenditures
	Mar 98 - Mar 03	May 31, 1999	99	99	99	99	99	99	Mar 98 - Nov 99	Jun 99 - Mar 03
I Personnel	\$ 2,425,336	508,770	56,392	48,683	46,704	46,704	48,683	56,392	812,327	1,613,009
II Fringe	587,860	117,744	12,902	13,185	13,749	12,902	13,185	13,749	197,416	390,444
III Travel	1,540,309	138,804	12,313	15,037	9,320	16,533	16,533	16,533	225,074	1,315,235
IV Equipment	75,000	34,033	0	0	16,251	0	9,097	9,097	68,478	6,522
V Supplies	159,928	91,974	6,418	1,585	0	5,300	5,300	5,300	115,877	44,051
VI Contracts	1,568,318	182,260	87,653	32,397	83	23,215	25,536	23,215	374,358	1,193,960
VII Subgrants:										
A. ADRA	6,546,337	146,322	21,227	14,591	14,591	14,591	31,968	31,968	275,259	6,271,078
B. CARE	4,986,246	200,877	38,298	38,298	38,298	38,298	38,298	38,298	430,668	4,555,578



C. PATH	2,028,706	243,499	35,313	35,313	35,976	35,976	35,976	35,976	458,031	1,570,675
D. PLAN	8,092,929	219,987	71,379	71,379	71,379	71,379	71,379	71,379	648,261	7,444,668
E. Other	5,325,694	0	0	0	0	0	0	0	0	5,325,694
Subtotal Subgrants	26,979,912	810,685	166,217	159,582	160,245	160,245	177,622	177,622	1,812,218	25,167,694
VIII Other Direct	6,447,640	204,280	23,137	17,444	6,910	19,188	21,107	23,218	315,284	6,132,356
Total Direct Costs	39,784,303	2,088,551	365,032	287,912	253,260	284,087	317,064	325,126	3,921,032	35,863,271
Indirect Costs	2,125,256	218,776	32,367	20,892	12,497	20,161	21,220	22,533	348,447	1,776,809
Total USAID	41,909,559	2,307,327	397,399	308,805	265,757	304,248	338,284	347,658	4,269,478	37,640,081
Total Cost Share	10,477,390	349,468	137,244	115,095	104,333	113,956	122,465	124,809	1,067,370	9,410,020
Total Program Costs	52,386,949	2,656,795	534,643	423,900	370,091	418,204	460,748	472,467	5,336,848	47,050,101

NGO Networks for Health is a worldwide project to improve health services by building or strengthening partnerships at the community level between organizations that are already working there. These partnerships provide a range of services, including family planning, maternal and child health, and HIV prevention, that are relevant to the local situation. This five-year effort began in June 1998, and brings together five development organizations—the Adventist Development and Relief Agency (ADRA), Cooperative for Assistance and Relief Everywhere (CARE), Plan International, Program for Appropriate Technology in Health (PATH), and Save the Children USA. NGO Networks is supported by USAID's Global/Population, Health, and Nutrition Center.

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